



Port St. John Soccer Club

www.psjunitedsoccer.com

Scholarship Application

2024-2025

Port St. John Soccer Club strives to ensure that every youth deserves to play soccer and is given the opportunity to do so whenever possible. As a not-for-profit organization, however, there are limited funds available with which to provide financial assistance to those that might need it. We ask for your honesty, integrity & understanding, with respect to a request for financial assistance, to allow the Club to support those who are most in need.

- Please complete *all* sections to be considered for financial assistance.
- Please complete *one* application for *one* player, for *one* season.
- Fall season applications must be received by June 30. Spring season applications must be received by December 31.

I am requesting financial assistance for the: _____ Program: RECREATIONAL / COMPETITIVE
 Season: FALL / SPRING _____ (year)

APPLICANT INFORMATION

Players Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Email: _____ Phone: _____

Email: _____ Phone: _____

Address (Street, City, Zip): _____

Have you previously received financial assistance from the Club: YES / NO

If YES, please describe: _____

Please provide explanation for need: _____

To obtain this scholarship, or be considered for future scholarships, volunteer service must be completed *within the Club*, for each season a scholarship is requested/received. Your contact information will be used to request and track completion of service, subject to approval by the PSJ United Board.

- Completion of this form does not guarantee approval of scholarship.
- Financial assistance is limited to 50% of *registration* costs. It does not cover uniform costs or Competitive program training fees.
- All applications will be collected and reviewed by the PSJ United Soccer Club Board at a special meeting prior to season registration deadlines.
- Please keep a copy for your personal records.

Submit completed application to: Email: PSJUNITED.PRESIDENT@GMAIL.COM Mail: PSJ United Soccer Club
 Attn: Patrick Milon, President
 PO Box 237233, Cocoa, FL 32923

I understand all the above scholarship information and requirements and verify that the information submitted is accurate. The Club President may contact you to discuss if questions arise regarding information submitted.

Signature _____ Date: _____

Board Use Only

Approved: _____ for amount _____ / Denied _____ by Club President _____ signature

Volunteer hours completed: _____